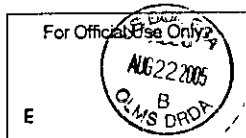


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12793</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>J</u> <u>Purdy</u> P.O. Box, Bldg., Room No., if any Street <u>1236 Gallia St</u> City <u>Portsmouth</u> State <u>Ohio</u> ZIP Code + 4 <u>45662</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers &amp; Pipefitters Local 577</u> Labor Organization File Number <u>003-615</u> P.O. Box, Building and Room Number, if any Street <u>1236 Gallia Street</u> City <u>Portsmouth</u> State <u>Ohio</u> ZIP Code + 4 <u>45662</u>
5. Position in labor organization. <u>Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert J. Purdy On 08/12/2005 740-353-5810  
Date Telephone Number

Name of Person Filing Robert Purdy	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <u>Plumbers &amp; Pipefitters LU #577 Welfare Fnd</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1333 West Vine Street Suite 500</u></p> <p>City <u>Lexington</u></p> <p>State <u>Kentucky</u> ZIP Code + 4 <u>40507</u></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><u>Trustee Reimbursement attendance at International Foundation of Employee Benefit Plans Conference June 14 through 16, 2004</u></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <u>\$411</u></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p><u>Reimbursement of private automobile @ \$.375 per mile plus meal reimbursement and lost wages of 40 hours @ \$27.78 per hour, hotel, meeting registration and air fare.</u></p> <hr/> <p><b>12.b. Amount.</b> <u>\$411</u></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14.a. Nature of payment.</b></p> <p>_____</p>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p>_____</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Plumbers &amp; Pipefitters LU #577 Welfare Fnd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 West Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date February 13, 2004  
Portsmouth Oh.

## 11.b. Approximate dollar value of such dealing.

\$38

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$25.28 per hour.

## 12.b. Amount.

\$38

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Plumbers &amp; Pipefitters LU #577 Welfare Fnd

Trade Name, if any: [ ]

P.O. Box, Bldg., Room No., if any [ ]

Street 1333 West Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name [ ]

Trade Name, if any: [ ]

P.O. Box, Bldg., Room No., if any [ ]

Street [ ]

City [ ]

State [ ] ZIP Code + 4 [ ]

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date May 14, 2004 Portsmouth Oh.

11.b. Approximate dollar value of such dealing. \$38

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$25.28 per hour.

12.b. Amount. \$38

## Part B Continuation Page

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City Lexington

State Kentucky ZIP Code + 4 40507

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name n

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date August 20, 2004 Portsmouth  
Oh

## 11.b. Approximate dollar value of such dealing.

\$42

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$27.78 per hour.

## 12.b. Amount.

\$42

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name n

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date November 12, 2004  
Portsmouth Oh

## 11.b. Approximate dollar value of such dealing.

\$42

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$27.78 per hour

## 12.b. Amount.

\$42

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Plumbers &amp; Pipefitters LU #577 Pension Fnd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 West Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee Reimbursement attendance at International  
Foundation of Employee Benefit Plans Conference  
June 14 through 16, 2004

## 11.b. Approximate dollar value of such dealing.

\$2,329

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus meal reimbursement and lost wages of 40  
hours @ \$27.78 per hour, hotel, meeting  
registration, and air fare.

## 12.b. Amount.

\$2,329

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Plumbers &amp; Pipefitters Local 577 Pension Fn

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 West Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date February 13, 2004  
Portsmouth Oh

## 11.b. Approximate dollar value of such dealing.

\$215

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$27.78 per hour

## 12.b. Amount.

\$215



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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State Kentucky ZIP Code + 4 40507

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date May 14, 2004 Portsmouth Oh

## 11.b. Approximate dollar value of such dealing.

\$215.

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$27.78 per hour

## 12.b. Amount.

\$215

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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City Lexington

State Kentucky ZIP Code + 4 40507

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date August 20, 2004 Portsmouth  
Oh

## 11.b. Approximate dollar value of such dealing.

\$236

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$27.78 per hour

## 12.b. Amount.

\$236

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Trade Name, if any:

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City Lexington

State Kentucky ZIP Code + 4 40507

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee reimbursement for Trustee Meeting  
attendance meeting date November 12, 2004  
Portsmouth Oh

## 11.b. Approximate dollar value of such dealing.

\$236

## 12.a. Nature of interest held or income received.

Reimbursement of private automobile @ \$.375 per  
mile plus lost wages of 10 hours @\$27.78 per hour

## 12.b. Amount.

\$236